

UNITED STATES DISTRICT COURT

Southern

District of

West Virginia, Division:

APR 17 2025

ROBY L. PERRY II, CLERK
U.S. District Court
Southern District of West Virginia

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND COSTS

CASE NUMBER:

2:25-cv-00255

Nalaysia Gravelly

v.

Unknown US Marshals

I, Nalaysia Gravelly declare that I am the (check appropriate box)

☒ plaintiff/petitioner/movant

☐ appellant

☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion/notice of appeal.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes (If "Yes," go to # 3) ☒ No (If "No," go to # 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Have the institution fill out the Certificate portion of this application and attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed? ☒ Yes (If "Yes," go to # 2.a) ☐ No (If "No," go to # 2.b)

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. 1,187 Cabin Creek Health Systems

303 Ohio Ave
Charleston, WV 25303

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | | |
|---|--------------------------|-----|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any portion of question #3, describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Ma'Kai Daugherty - mother 100%
A'Kai lah Daugherty - mother 100%

7. I do hereby stipulate that the recovery, if any, obtained in this action shall be paid to the Clerk of Court, who shall pay therefrom, all unpaid costs taxed against plaintiff and pay the balance to plaintiff and/or his/her attorney, if any.

I declare under penalty of perjury that the above information is true and correct.

4-17-25

Date

Malaysia M. Muneef
Signature of Applicant

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (name of institution) _____. I further certify that the applicant has the following securities to his/her credit _____.
I further certify that during the past six months the applicant's average balance was \$ _____, and the average of monthly deposits was \$ _____.

Date

Signature of Authorized Officer